MAY 1993

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ATTACHMENT 3.1-A
Page 2
OMB NO:

Revision:	HCFA-PM-		(BPD)		ATTACHMENT Page 1 OMB No.: 0		
	State/Ter	ritory:	WISCONS:	IN			
AND	REMEDIAL (DURATION, AN			RICALLY NEEDY	
			ervices other al diseases.	than the	ose provided	l in an	
Pro	vided:	/_/No lin	mitations /	☑ With	limitations*	•	
2.a. Out	patient ho	ospital s	services.				
Pro	vided: /_/	No limit	tations	∠X/ Wit	ch limitatio	ns*	
	al health a rural he			other ami	oulatory ser	vices furnishe	ed
\sqrt{X}	Provided	d: <u>_</u> / 1	No limitation	is $\angle X$	With limita	tions*	
/	Not prov	vided.					
amb an	ulatory se	ervices t	health center that are cove with section	ered under	the plan a	l other ind furnished b Medicaid Manua	oy 1
<u>/ X /</u>	Provided	i: <u>/</u> /	No limitatio	ons \sqrt{X}	With limita	tions*	
sec	tion 329,	330, or		ublic Hea	lith Service	ing funds under Act to a preg	
/ <u>X</u>	7 Provide	ed: <u>/</u> /	- No limitati	ons 🔼	With limita	tions*	
3. Oth	er laborat	cory and	x-ray service	ces.			
Pro	vided:	<u>/</u> ▼ No	limitations	//With	limitation	s*	
*Descripti	on provide	ed on att	tachment.				
TN No9 Supersedes TN No. 90-	1-0023 Appr	roval Dat	te <u>/-/6-9</u>	2 <u> </u>	fective Dat	e 1 <u>0/1/91</u>	
TN No. 30-	-19			но	FA ID: 798	6E	

Revision: HCFA-PM-91-4 (BPD) Page 3 AUGUST 1991 OMB No.: 0938-WISCONSIN State/Territory: AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY b. Optometrists' services. Provided: $\frac{1}{\sqrt{N}}$ No limitations $\frac{\sqrt{X}}{\sqrt{N}}$ With limitations* /_/ Not provided. c. Chiropractors' services. $\sqrt{\overline{X}}$ Provided: $\sqrt{\overline{X}}$ No limitations $\sqrt{\overline{X}}$ With limitations* / / Not provided. d. Other practitioners' services. Identified on attached sheet with description of Provided: limitations, if any. Not provided. Home health services. 7. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area. \sqrt{X} With limitations* Provided: //No limitations b. Home health aide services provided by a home health agency. Provided: //No limitations /X/With limitations* c. Medical supplies, equipment, and appliances suitable for use in the home. Provided: \sqrt{N} limitations \sqrt{X} With limitations* *Description provided on attachment. TN No. 91-0023 Effective Date 10/1/91Supersedes

ATTACHMENT 3.1-A



HCFA ID: 7986E

TN No. 90-26

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 3.1-A Page 3a OMB No.: 0938-	
State/Territory: WISCONSIN	
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY N	EEDY
d. Physical therapy, occupational therapy, or speech pathology a audiology services provided by a home health agency or medica rehabilitation facility.	nd l
\sqrt{X} / Provided: \sqrt{X} / No limitations \sqrt{X} /With limitations*	
/_/ Not provided.	
8. Private duty nursing services.	
\sqrt{X} Provided: \sqrt{X} No limitations \sqrt{X} With limitations*	
// Not provided.	
*Description provided on attachment.	
TN No. 91-0023 Supersedes Approval Date 1-/6-92 Effective Date 10/	7 /91
Supersedes Approval Date Effective Date Effective Date HCFA ID: 7986E	

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Revision: HCFA-PM-85-3 (BERC)
May 1985

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Page 4
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	ND EMEDIAL	AMOUNT, URATION LARE AND ERVICES	AN TIDED IN THE CA	CAL EGORICALLY NEEDY
9.	Clinic services. The Provided: Not provided.	No limitations		limitations*
	Dental Services. Provided: Not provided.			limitations*
	Physical therapy Physical therapy. Therapy Th		_	limitations*
ъ.	Ccupational there X Provided: Not provided.		X Vith	n limitations*
c.	Services for independent of the contract of th	ividuals with speech under the supervision	, hearing, and lar n of a speech path	nguage disorders nologist or
	X Provided:	No limitations	$\overline{X_i}$ With	n limitations*
∺Des	scription provided	on attachment.	Supercodes 85-0	Date Rec'd 4/136 156 Date Appr. 5/5/36 Date Eff. 3/1/36
TN N Supe	ersedes	Approval Date _		ective Date 3-1-86 HCFA ID: 0069P/0002P

Revision: HCFA-PM-85-3 (BERC)

May 1985

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12.	Prescribed drugs, of prescribed by a phy optometrist.	lentur ⁄sicia	es, and prostheti n skilled in dise	.c devi	ices; of the	and eyeglasses eye or by an	
a.	Prescribed drugs. X Provided: Not provided.		No limitations	X	With	limitations*	
b.	Dentures. X provided: Not provided.		No limitations	x	With	limitations*	
c.	Prosthetic devices X Provided: Not provided.		No limitations	x	With	limitations*	
đ.	Eyeglasses. X provided: Not provided.		No limitations	X	With	limitations*	
13. a.	Other diagnostic, i.e., other than to Diagnostic service X Provided: Not provided.	hose	ning, preventive, provided elsewher No limitations	and re in t	he pla	litative services, an. limitations*	
• Des	cription provided o	n att	achment.	v i	<i>ং</i> ≇		Tid y
Super	. 96-007 sedes . 95-022	Aį	pproval Date APR 2	<u>2</u> 1996	\$.₹	Effective Date 1-1-96	

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May 1985

Page 6 OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

ъ.	Screening services.			•
	YX Provided: X No limitations		Vith	limitations*
	Mot provided.			
c.	Preventive services.			
	x Provided: x No limitations	_	With	limitations*
	Not provided.			
	Rehabilitative services.			
۵.	_			
	X Provided: No limitations	X	With	limitations*
•	Not provided.			
14.	Services for individuals age 65 or older in diseases.	insti	tution	ns for mental
a.	Impatient hospital services.			
	X Provided: X No limitations		With	limitations*
	Not provided.			
ъ.	Skilled nursing facility services.			
	X Provided: No limitations	X	Wich	limitations*
	Not provided.		•	
c.	Intermediate care facility services.			•
	X Provided: No limitations	X	With	limitations*
	Not provided.			
*Des	rription provided on attachment.			
-		<u> </u>		

IN No. 93-003 Supersedes

ZV No.

87-0015-

Approval Date 4

6-17-93

Effective Date 1/1/93

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(BERC)

Revision: HCFA-PM-86-20

SENT BY:

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Page 7

SEPTEMBER 1986 AMOUNT, DURATION AND SCOPE OF HEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY MEEDY 15.s. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(s)(31)(A) of the Act, to be in need of such care. /X/ Provided: // No limitations // With limitations* /_/ Not provided. b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions. /X/ Provided: // No limitations / Not provided. Impatient psychiatric facility services for individuals under 22 years 16. of age. LX/ Provided: X/ Bo limitations // With limitations*) ___ Not provided. Burse-midwife services. LX/ Provident LI So limitations 17. / Hot provided. care (in accordance with section 1905(o) of the Act). Provided: // No limitations /X/ With limitations* 18. Bet provided.

*Description provided on attachment.

TH No. 93-045 Supersedes

Approval Date 2-23-94

Effective Date 10-1-93

TE So. 88-0016

HCFA ID: 0069P/0002P

Revision: HCFA-PM-94-7 (MB)

SEPTEMBER 1994

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	WISCONSIN
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 19. Case management services and Tuberculosis related services
 - a. Case management services as defined in, and to the group specified in, Supplement 1 to <u>ATTACHMENT 3.1-A</u> (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
 - X Provided: X With limitations
 - ____ Not provided.
 - b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.
 - X Provided: X With limitations*
 - ____ Not provided.
- 20. Extended services for pregnant women
 - a. Pregnancy-related and postpartem services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.
 - X Additional coverage++
 - b. Services for any other medical conditions that may complicate pregnancy.
 - X Additional coverage++
 - ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.
- * Description provided on attachment.

TN No. 95-019 Supersedes TN No. 94-025 Approval Date _______ 5 1995

Effective Date 7/1/95

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 3.1-A Page 8a OMB No.: 0938-
	State/Territory:	WISCONSIN	
AND		, DURATION, AND SCOPE D SERVICES PROVIDED TO	OF MEDICAL THE CATEGORICALLY NEEDY
presu	atory prenatal ca mptive eligibilit section 1920 of t		furnished during a d provider (in accordance
<u>/X</u>	Provided: /_/	No limitations	With limitations*
	Not provided.		
	ratory care servi gh (C) of the Act		h section 1902(e)(9)(A)
<u>/ X</u>	Provided: /_/	No limitations \overline{X}	With limitations*
	Not provided.		
23. Pedia	tric or family nu	rse practitioners' ser	vices.
		imitations $\frac{\sqrt{X}}{N}$ With 1	
	 -		
*Descript	ion provided on a	ttachment.	
Supersede	L-0023 Approval Da	ate <u>/-/6-92</u> E	ffective Date 10/1/91
TN No 8	39-0012		CER ID. 7006E



Revision: HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 3.1-A Page 9
State/Territory: _	WISCONSIN	OMB No.: 0938-
		on unnicit
AMOUN AND REMEDIAL CARE A	T, DURATION, AND SCOPE ND SERVICES PROVIDED TO	OF MEDICAL THE CATEGORICALLY NEEDY
24. Any other medical car under State law, spec a. Transportation.	e and any other type of ified by the Secretary.	remedial care recognized
\sqrt{X} Provided: $$	$\overline{/}$ No limitations $\overline{/X}$	With limitations*
$\overline{//}$ Not provided.		
b. Services of Christi	an Science nurses.	
/_/ Provided: /	No limitations /_/	With limitations*
$\sqrt{\overline{X}}$ Not provided.		
c. Care and services p	rovided in Christian Sc	ience sanitoria.
$\frac{\sqrt{X}}{I}$ Provided: $\frac{I}{I}$	$\overline{/}$ No limitations $\overline{X}/$	With limitations*
$\overline{//}$ Not provided.		
d. Nursing facility se	rvices for patients und	er 21 years of age.
\sqrt{X} Provided: $$	$\overline{/}$ No limitations $\overline{/}$	With limitations*
$\sqrt{}$ Not provided.		
e. Emergency hospital	services.	
\sqrt{X} Provided: \sqrt{X}	$\overline{/}$ No limitations $\overline{//}$	With limitations*
/_/ Not provided.		
f. Personal care servi with a plan of trea supervision of a re	tment and provided by a	e, prescribed in accordance qualified person under
$\frac{\sqrt{\Lambda}}{2}$ Provided: $\frac{1}{2}$	\sqrt{X} No limitations \sqrt{X}	With limitations*
/_/ Not provided.		
*Description provided on	attachment.	
TN No. 91-0023	- 1-11-07	10/1/01
Supersedes Approval TN No. 87-05		Effective Date $10/1/91$
 	F	ICFA ID: 7986E

ATTACHMENT 3.1-A



AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Supers								
			oval Date	Effective date: 7-1-90				
* Desc	cription	provided on at	tachment.					
			*					
	L	☐ Not provided.						
	~			☑ With limitations*				
				. With limitations*				
24.	Pediatr	ediatric nurse practitioner and family nurse practitioner services.						

. Revision:

HCFA-PM-94-9 (MB) DECEMBER 1994

Not Provided.

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	2202	U		1490 10	
	State:	Wisconsin		_	
			RATION, AND SCOPE OF ME RVICES PROVIDED TO THE		
25.	as defined,	described a	e for Functionally Disa and limited in Suppleme Supplement 2 to Attachm	nt 2 to Attachment 3.1	ls, -A,
	X	provided	not provide	đ	
26.	inpatient or care facility disease that accordance w is qualified	resident of the mare (A) audith a planto to provide	furnished to an individual for a hospital, nursing an entally retarded, or in thorized for the individual for treatment, (B) provide such services and who and (C) furnished in a house the such services and the such services are such services.	facility, intermediate nstitution for mental idual by a physician in ided by an individual v is not a member of the	n who
	X Provide	— Al	cate Approved (Not Phys. lowed ervices Outside the Home	•	
		Y Li	mitations Described on	Attachment	

TN No. 94-029
Supersedes
TN No. 93-001

Approval Date MAR 0 2 1995

Effective Date 10/1/94